

MDR Tracking Number: M5-04-274-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on April 26, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits (99213, 99214), myofascial release (97250), electric stimulation unattended (97014), hot/cold pack therapy(97010), ultrasound (97035) and joint manipulation, manual therapy technique (97140) were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 05-01-03 to 08-08-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of August 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 16, 2004

RE: AMENDED DECISION

MDR Tracking #: M5-04-2741-01

IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for

independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Multiple chiropractic daily notes and reports for dates of service 3/13/01, 4/26/02, 7/22/02, 8/22/02, 5/1/03, 6/9/03, 8/13/03, and 11/11/03
- Multiple TWCC-73 reports or forms from _____ dated 6/19/02, 7/22/02, 8/22/02, 11/7/02, 8/13/03 and 11/11/03
- An off of work excuse note of 5/1/03 excusing the claimant for the entire day for a chiropractic appointment
- Treatment logs or notes of 6/19/02, 4/30/03, 7/28/03, 7/30/03, 8/1/03, 8/4/03, 8/6/03, 8/8/03, and 8/11/03
- Office notes from _____ of 7/11/02, 8/21/02, 5/12/03, and 7/24/03
- A prescription for 7 sessions of passive physical therapy from _____ dated 7/11/02 as well as 7/24/03
- An occupational therapy evaluation of 7/18/02
- An occupational therapy daily note of 7/22/02, 7/24/02, 7/26/02, 7/29/02, 7/31/02, and 8/5/02

Submitted by Respondent:

- A 6/16/04 note from _____, specifically from _____ stating that it was _____ opinion that the care was not reasonable or necessary
- A chiropractic peer review report of 7/25/01
- Another peer review report from a chiropractor of 8/23/02 and 8/28/02
- A medical doctor peer review report of 9/13/02 from _____ whose specialty is family medicine
- Multiple reports and notes from _____ of 7/11/02, 8/21/02
- Occupational therapy evaluation of 7/18/02
- Occupational therapy daily notes of 7/19/02, 7/22/02, 7/24/02, 7/26/02, 7/31/02 and 8/5/02
- A chiropractic follow-up note of 7/22/02
- An occupational therapy re-evaluation report of 8/5/02
- A QME/IME report from _____ of 7/30/02 stating that the claimant was at MMI in May 2002 with 1% whole body impairment rating.
- A functional abilities evaluation report of 7/24/02
- A prescription from _____ of 7/24/03 recommending 7 sessions of passive physical therapy for the claimant's neck, upper trapezius musculature and mid-back musculature on the left side
- Daily treatment logs from _____ of 7/28/03, 7/30/03, 8/1/03, 8/6/03, 8/8/03, and 8/11/03
- Daily chiropractic treatment notes of 8/13/03
- _____ follow-up/letter of medical necessity of 9/11/03 and 7/24/03

Clinical History

According to the documentation submitted for review, the claimant who was approximately 29 years of age at the time of the incident suffered alleged repetitive stress injury to both of her forearms. The initial chiropractic documentation revealed very minimal clinical evidence of carpal tunnel syndrome bilaterally. The claimant complained of absolutely no complaints involving her shoulders, neck or mid-back, however, the chiropractor found multiple trigger points in the area. The claimant apparently suffered occupational injury of gradual onset involving the repetitive stress injury of both of her forearms during the normal course and scope of her employment with Southwestern Bell Telephone. The claimant has seen _____ for three sets of Botox injections and she has undergone physical therapy and chiropractic care with _____ and _____.

Requested Service(s)

Please review and address the medical necessity of the services provided from 5/1/03 through 8/8/03. The request encompasses only 5 dates of service to include 5/1/03, 7/28/03, 7/30/03, 8/4/03 and 8/8/03. The services were listed to be office visits (99213, 99214), myofascial release (97250), electric stimulation unattended (97014), hot/cold pack therapy (97010), ultrasound (97035) and joint manipulation, manual therapy technique (97140).

Decision

I agree with the insurance carrier and find that the services in dispute were not medically necessary.

Rationale/Basis for Decision

The claimant was felt to be permanent and stationary as of 7/30/02. The initial chiropractic report of 3/13/01, only ____ days post injury, revealed no subjective complaints whatsoever involving the neck, upper back or shoulders, yet the chiropractor found multiple objective evidence of trigger points which may or may not be related to the injury. The claimant received no treatment essentially from the first part of August 2002 through May 2003. She reportedly missed no work through this time period and she allegedly had a re-exacerbation, as it was termed in the chiropractic documentation, of the trigger points in her neck and upper mid-back as of May 2003. My review of the documentation revealed no subjective or objective change due to the physical therapy which had been rendered in the past as part of a post Botox injection physical therapy program. _____ documented some diffuse ropiness in the left trapezius and the left rhomboid musculature and attributed this to the work injury when the general population demonstrates similar findings regardless of whether or not they are injured. Furthermore, the physical therapy notes do not indicate that much improvement occurred, either subjectively or objectively from the physical therapy notes provided for review. While Botox injections have been shown to be effective in cases of cervical dystonia, there is no documentation or guideline of which I am aware that recommends physical therapy as part of a post Botox injection program. Trigger points and muscle tension are a part of every day life and also would not be considered injury related. The claimant would likely do just as well following any Botox injections with a home based exercise program to include postural re-education and self administered stretches and exercises.